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FORM**

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/821,454
	Filing Date	April 9, 2004
	First Named Inventor	Changzhou Wang
	Art Unit	2129
	Examiner Name	Joseph P. Hirl
Total Number of Pages in This Submission	Attorney Docket Number	7784-000707

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Postcard Substitute Spec (Marked up) Substitute Spec (Clean) Copy IDS Return Postcard 16 IDS Replacement Refs
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Harness, Dickey & Pierce, P.L.C.		
Signature			
Printed name	Scott T. Gray		
Date	April 15, 2008	Reg. No.	48,891

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